

# SMCS Extended Care Registration

\$30 Registration fee will be billed through FACTS

Name(s) of Child(ren)

\_\_\_\_\_

Grade(s) \_\_\_\_\_ Birth date(s) \_\_\_\_\_

Days Child(ren) will Attend

Circle day(s) that apply      Monday      Tuesday      Wednesday      Thursday      Friday

Allergies

\_\_\_\_\_

Medications

\_\_\_\_\_

Parent Name(s)

\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address:

\_\_\_\_\_

Address

\_\_\_\_\_

Place of employment \_\_\_\_\_ Phone \_\_\_\_\_

Please list an emergency contacts:

#1) Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

AfterCare	Daily Registered Rate
One Child	12.00
Two Children	20.00
Three Children	30.00

3:15-6:00 Monday-Friday

(All AfterCare will be billed through FACTS)